

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-030426

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

SL-11345

Primary Registration District No.

1003

Registrar's No.

7722

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED AUG 1 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Louis, Missouri		c. CITY OR TOWN Iberia	
Length of stay in lb 45 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Vets Admin Hospital		d. STREET ADDRESS (If outside, give location) Route 2	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First John Middle Rehagen Last Rehagen		Month 7/26/63 Day Year	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/9/95
9. AGE (last birthday) 68		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) St Elizabeth, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Frank Rehagen		13b. MOTHER'S MAIDEN NAME Annie Dickman	
14. NAME OF HUSBAND OR WIFE Matilda Rehagen		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes	
16. SOCIAL SECURITY NO. WMI		17. INFORMANT Matilda Rehagen (wife) See 2 above	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PNEUMONIA		INTERVAL BETWEEN ONSET AND DEATH 2 DAYS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) EMPHYSEMA		DUE TO (c) 527.1	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION VA	
21. I attended the deceased from 6/12/63 to 7/26/63 and last saw him alive on 7/26/63		Death occurred at 3:50 AM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE GEORGE M. FORSTER (Degree or title)		22b. ADDRESS - VAH, St. Louis, Mo.	
22c. DATE SIGNED 7/26/63		22d. DATE RECD. BY LOCAL REG.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-29-63	
23c. NAME OF CEMETERY OR CREMATORY Iberia, Missouri.		23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR Scrivner - Stevinson, Funeral Home, Iberia, Mo.		25. DATE RECD. BY LOCAL REG. JUL 29 1963	
26. REGISTRAR'S SIGNATURE Lois Smith, M.D.			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1963 AUG 13

1963 AUG 22

1963 AUG 27

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Licensed Embalmer No. 3653

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.